Revised October 31, 2011

TXEB Appendix 1007-b-7

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS

2014 JAN 13 AM 9:50

--- DEPUTY

| | Debtor(s) | Bankruptcy Case Number | | | |
|------------------------|--|---|--|--|--|
| | NOTICE OF CH | ANGE IN SCHEDULE OF CREDITORS | | | |
| follov | In accordance with LBR wing reason (check only on | 1007(b)7, the attached amended schedule is filed for the te): | | | |
| | Add Creditor(s) [requires \$30.00 filing fee] | | | | |
| | Delete Creditor(s) [require | es a \$30.00 filing fee] | | | |
| | Change the amount of a | debt [requires a \$30.00 filing fee] | | | |
| | Change the classification | of a debt [requires a \$30.00 filing fee] | | | |
| | Change the address of Creditor(s) or add Attorney for a Creditor [no fee required] | | | | |
| | Amendment to Schedule | C - Property Claimed as Exempt [requires service on matrix] | | | |
| | Amendment to Schedule | I – Current Income of Individual Debtor(s) | | | |
| \checkmark | Amendment to Schedule | J - Current Expenditures of Individual Debtor(s) | | | |
| | Initial Amended Schedul | les due to Chapter Conversion | | | |
| ma UN sho san | trix is required to add or delete creditors DERSTANDABLE. Do not file a comuld be shown on the matrix. If the \$30. | s required when both adding and deleting creditors. An amended (partial) ANNOTATE CLEARLY SO CHANGES ARE EASILY plete new matrix. Only those creditors affected by the amended schedule filing fee is required, multiple filings of a Notice of Change filed in the ingle \$30.00 fee. Adding or deleting creditors at different times requires a fee | | | |
| List o | f Creditors (Master Mailinged hereto, and that they are elief. | enalty of perjury, that I/we have read the changes to the g List (matrix)) and to the schedules and statements as a correct to the best of my/our knowledge, information Debtor/Signature Debtor/Signature | | | |
| Date: | | Joint Debtor Signature | | | |

| Fill in Abia in 6 | | | | | | |
|--------------------------------------|--|--|--|---|---|---|
| | ormation to identify y (Imberly | Yvette Holto | on | | | |
| | First Name | Middle Name Last Na | | Check if this is: | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name Last No | Rifte | An amended f | | |
| United States Ba | ankruptcy Court for the: | Eastern District of Texas | F | | | petition chapter 13 |
| Case number | | | السنا | expenses as o | | cate: |
| (If known) | 10-120-1 | | | MM / DD / YYYY | | |
| Official F | orm B 6J | | | Maintains a se | | 2 because Debtor 2 nold |
| | ···· | ır Expenses | | | | 12/13 |
| information. If i (if known). Ans | more space is neede wer every question. | ssible. If two married people a d, attach another sheet to this | | | | _ |
| Part 1: D | escribe Your Hous | sehold | | | | |
| . Is this a joint | t case? | | | | | |
| No. Go to | o line 2. | | | | | |
| Yes. Does | s Debtor 2 live in a se | parate household? | | | | |
| | No | | | | | |
| LI) | Yes. Debtor 2 must file | a separate Schedule J. | Magic addition to a september have a brooken than the control district and a district a control to the design of | alliadas aphaeiste 1946 a fine in a const alembra transcription of the the standard constraint of the | growth of a transfer of the contraction of the definition | سهواري المراوان والمساول والمراود المناول المراود والمناول المراود المناول والمناول والمناول والمناول المناول |
| Do you have | dependents? | No | Dependent's re | istionship to | Dependent's | Does dependent live |
| Do not list De | btor 1 and | Yes. Fill out this information | n for Debtor 1 or Det | | age | with you? |
| Debtor 2. | the demandants! | each dependent | Daughter | | 10 | No |
| names. | the dependents' | | Daugnter | · · · · · · · · · · · · · · · · · · · | 10 | Yes |
| | | | Son | | 8 | ☐ No |
| | | | | | | ✓ Yes |
| | | | | | | No No |
| | | | | | | Yes |
| | | | | | | No Vos |
| | | | | | | Yes |
| | | | | | ************************************* | ∐ No ☐ Yes |
| | enses include people other than I your dependents? | No ✓ Yes | | | ************************************** | |
| art 2: Est | lmate Your Ongoli | ng Monthly Expenses | | | | |
| stimate your | expenses as of your | bankruptcy filing date unless | you are using this fo | orm as a supplement in | a Chapter 13 d | case to report |
| expenses as of | | kruptcy is filed. If this is a sup | plemental Schedule | J, check the box at the | top of the form | n and fill in the |
| nclude expens | ses paid for with non | -cash government assistance | If you know the valu | Je | | |
| f such assista | ince and have includ | ed it on Schedule I: Your Inco | ome (Official Form B | 61.) | Your expe | nses |
| | or home ownership e the ground or lot. | xpenses for your residence. In | nclude first mortgage p | payments and 4. | \$ | 1,250.00 |
| if not includ | ded in line 4: | | | | | 0.00 |
| 4a. Real es | state taxes | | | 4 a. | \$ | 0.00 |
| 4b. Proper | ty, homeowner's, or re | enter's insurance | | 4b. | \$ | 0.00 |
| 4c. Home | maintenance, repair, a | and upkeep expenses | | 4c. | \$ | 0.00 |
| 4d. Homeo | owner's association or | condominium dues | | 4d. | \$ | 0.00 |

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Debtor 1 Kimberly Yvette Holton Case number (if known) 13-42947

| | | | Your ex | penses | | | |
|-----|---|------|---------|--------|--|--|--|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 | | | |
| 6. | Utilities: | | | | | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 130.00 | | | |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | | | | |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | | | | |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 | | | |
| 7. | Food and housekeeping supplies | 7. | \$ | 350.00 | | | |
| 8. | Childcare and children's education costs | 8. | \$ | 300.00 | | | |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | | | | |
| 10. | Personal care products and services | 10. | \$ | 40.00 | | | |
| 11. | Medical and dental expenses | 11. | \$ | 0.00 | | | |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | | ¢ | 250.00 | | | |
| | Do not include car payments. | 12. | Φ | 250.00 | | | |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 10.00 | | | |
| 14. | Charitable contributions and religious donations | 14. | \$ | 75.00 | | | |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | | | | |
| | 15a. Life insurance | 15a. | \$ | 106.00 | | | |
| | 15b. Health insurance | 15b. | \$ | 0.00 | | | |
| | 15c. Vehicle insurance | 15c. | \$ | 48.00 | | | |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 | | | |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 | | | |
| 17. | installment or lease payments: | | | | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 482.00 | | | |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 | | | |
| | 17c. Other Specify: | 17c. | \$ | 0.00 | | | |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 | | | |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I). | 18. | \$ | 0.00 | | | |
| 19. | Other payments you make to support others who do not live with you. Specify: Portion of Mother's rent and living expenses | 19. | \$ | 75.00 | | | |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | | | | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 | | | |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 | | | |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | | | | |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 | | | |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 | | | |

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| Debtor 1 | | Kimberly Yvette Holton | | Holton | Case number (if known) | 13-42947 | | |
|----------|---|--------------------------|------------------------------|---|--|--|--|--|
| | | First Name | Middle Name Last Na | πė | * *** ******************************** | | | |
| | | | | | | | | |
| 21. | Othe | r. Specify: | | | 21. | +\$ | 0.00 | |
| 22. | | | | | | | 3,661.00 | |
| | The r | esult is your mont | hly expenses. | | 22. | ************************************** | The second section of the sect | |
| 23. | Calcu | late your monthl | y net income. | | | | | |
| | 23a. | Copy line 12 (you | ır combined monthly incol | ne) from Schedule I. | 23a. | \$ | 893.47 | |
| | 23b. | Copy your month | ly expenses from line 22 | above. | 23b. | -\$ | 3,661.00 | |
| | 23c. | Subtract your mo | nthly expenses from your | monthly income. | | • | 2,767.53 | |
| | | The result is your | monthly net income. | | 23 c. | Ψ | | |
| | | | | | | | | |
| 24. | Do yo | u expect an incr | ease or decrease in you | r expenses within the year | after you file this form? | | | |
| | For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | | | | | | |
| | No | The second of the second | and the second second second | , y say a waxaa aa | | | | |
| | ✓ Ye | s. Explain her | re: looking for full tim | e employment | | | | |
| | | | | | | | | |